

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 575209

FILING DATE

APPLICANT(S)

Art. 34 Pre-Amend

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		2				
4		8				
5		1				
6	1					
7		1				
8		1				
9		1				
10		3				
11	1					
12	1					
13			1			
14				1		
15					1	
16					1	
17					1	
18					1	
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20					1	
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25					1	
26					1	
27			1			
28			1			
29			1			
30				1		
31					1	
32					1	
33					1	
34					1	
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37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	4		8			
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	15		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	